

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001167

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 74

FILED JAN 21 1963

VS 300
Rev. 4/59

6397

28397

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97954

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1290-C

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 5 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 1435 S. Rogers		d. STREET ADDRESS (If outside, give location) 1435 S. Rogers	
3. NAME OF DECEASED (Type or print) First JESSIE Middle ELETT Last MITCHELL		4. DATE OF DEATH Month Jan. Day 12, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/2/1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practitioner		11. BIRTHPLACE (City and state or country) Chicago, Illinois	
13a. FATHER'S NAME Edwin Ellett		14. NAME OF HUSBAND OR WIFE James (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Nancy Hopkins, 1435 S. Rogers,	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Presumed to be natural causes UNATTENDED BY A PHYSICIAN DUE TO (b) Greene County Coroner investigated DUE TO (c) Greene County Coroner investigated PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 8:30 a.m. P. Month, Day, Year		20f. CITY, TOWN, OR LOCATION Springfield, Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 8:30 to P. and last saw her/him alive on 1-15-63 Death occurred at 8:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-15-63	
22a. SIGNATURE M.D. Greene (Degree or title)		22b. ADDRESS Greene County Health Officer, Spfld Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 1/15/1963	
23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Crematory		23d. LOCATION (City, town, or county) Kansas City, Missouri.	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 1-15-63	
26. REGISTRAR'S SIGNATURE Eric E. Mellen			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Print 1-14-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfld, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Graveside, Springfield, Missouri
1300 Bonville Ave., Springfield, Missouri